Charting Nursing's Future

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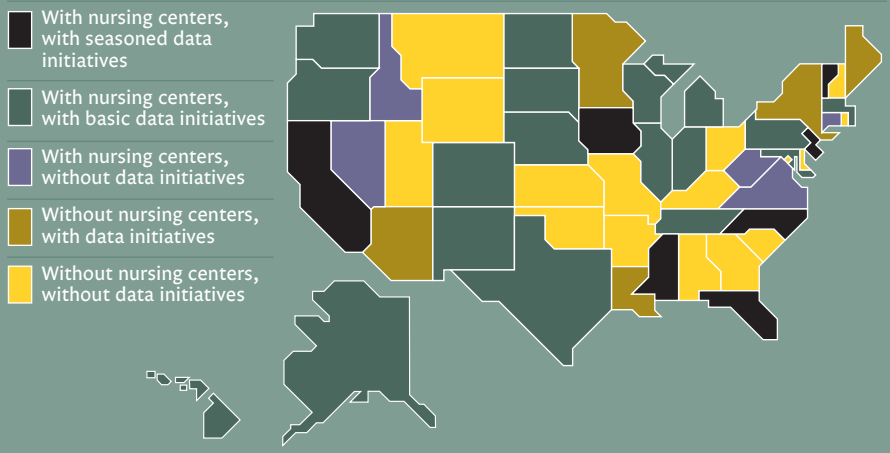
Addressing the Nursing Shortage: **State Nursing Workforce Centers Collect and Assess Data Needed for Policy Change**

Experts agree that creating effective policy to ease the nursing shortage requires studying nursing workforce supply and demand. This includes determining the actual number of nurses working in the United States. Since nursing, unlike medicine, is regulated at the state level and managed at the local level, state-level nursing workforce data is indispensable. About 30 states have nursing workforce centers, and 25 of those centers have operational data collection and analysis programs (see map below and contact list on p. 8). Yet fully developed data initiatives comprise a small subset of all data programs, and there is as yet no comprehensive national data infrastructure. This second issue of *Charting Nursing's Future* explores model nursing workforce center data programs and shares the recommendations of experts about how federal and state governments can advance the development of these much-needed centers.

Figure 1 **Nursing Workforce Centers and Data Initiatives by State**



Source: North Carolina Center for Nursing; Data Workshop Subcommittee of "Taking the Long View: Turning Vision into Action, 2005"

Issue Number 2

The Value of Nursing

Photos: (left) Siqui Sanchez/Getty Images; (right) Evelyn Pierce

The work of bedside nursing has become increasingly demanding, from physical tasks such as securing and transporting patients in wheelchairs, to caring for sicker and more obese patients, and even enduring abusive behavior from patients, family members, and staff, including physicians. Marked reductions in hospital length of stays have also made it more difficult for nurses to get to know patient needs. These and other factors have decreased the average nurse retirement age to the mid-50s. Many initiatives to address the nursing shortage are focusing on making it safer and less stressful for nurses to stay at the bedside as they age.

Nursing Workforce Centers: Studying Supply and Demand at the State Level

The American Medical Association has kept a "master file" of U.S. doctors since the 1960s. By assigning each medical school entrant a unique number that stays with him or her through residency and practice, the AMA tracks the national physician workforce and can produce not an estimated but an *exact* number of physicians in the United States: 871,535 in 2003 (the latest year for which a figure is available).

While priority has been given to tracking physicians, however, nurses have remained uncounted. Establishing an infrastructure to collect data about the nursing workforce has become a goal of state nursing workforce centers. The first of these, the North Carolina Center for Nursing (NCCN), was established in 1991, and since then about 30 other states have started their own (see list, p. 8).

These centers are working with their state nursing boards and the National Council of State Boards of Nursing (NCSBN) to formulate an unduplicated list of practicing nurses and to collect a minimum data set (see "Key Terms" below).

Nursing workforce data collection is not only a state-level task. The federal Health Resources and Services Administration (HRSA) has since 1977 conducted seven National Sample Surveys of Registered Nurses, which HRSA calls "the nation's most extensive and comprehensive source of statistics" on registered nurses with current licenses to practice, "whether or not they are employed in nursing."

"A willingness to address the nursing shortage is a start, but it's not enough. We also need to study the nursing workforce to figure out how best to use the limited resources we have. State data initiatives provide direction to policymakers' actions and help ensure the effectiveness of our efforts."
U.S. Senator Gordon Smith (R-Oregon)

State center leaders are applauding HRSA's initiative in recently beginning to develop shortage criteria for the field of nursing. However, many who study the nursing workforce think there is much more to be done on the federal level: for example, the states have long wanted HRSA to make its supply and demand forecasting models available to the states in timely and user-friendly ways. Peter Buerhaus, PhD, RN, FAAN, Valere Potter Professor of Nursing and Senior Associate Dean for Research at Vanderbilt University School of Nursing, a leading researcher of the nursing workforce, says the federal government has done little or nothing about the nursing shortage and has called for a federal study of nursing educational capacity. (For more about the federal role, see p. 8.)

In addition, HRSA has positioned its regional health workforce study centers (there are six, based at major research universities around the country) as resources for state nursing workforce centers. However, if this is how the federal government plans to participate in nursing workforce issues, then "nurses should have more participation in creating the agenda for the HRSA workforce centers," says Rebecca Bowers-Lanier, former deputy director of Colleagues in Caring (CIC), a six-year Robert Wood Johnson Foundation grant program that sought to improve the health care system at large by improving the nursing workforce. "[HRSA's regional centers] are not designed specifically to improve the nursing workforce—to make sure that there are enough nurses out there to meet the needs of the public. They're for all health care workforces."

State Workforce Centers: Designed for Data Work

Often described as the "grandmother" of state centers, NCCN innovated the state workforce center model and, like many of the centers, was a CIC grantee. Indeed, CIC, which ran from 1996 to 2002 and whose challenge was to develop a means to measure, monitor, and forecast nursing workforce demand in the states, gave many of the state nursing workforce centers their start. "From the beginning, data was our primary goal," says Bowers-Lanier.

Among CIC's first tasks were determining the number of nurses practicing in the United States (see p. 3) and assessing the capacity of the national workforce to meet the health care needs of the citizens. "Data collection and analysis is a huge task—it has increased rather than decreased over the years," Bowers-Lanier says. "You can't tell state legislators that you need money for nursing education, faculty development, or improving the work environment for nurses unless you can say, 'This is what we know about the nursing workforce.'"

Key Terms

Supply
The "supply" of nurses includes those who are licensed and who live and/or work in a particular state. Nursing is regulated on the state level, so policy affecting the supply of nurses is best created on the state level.

Demand
In terms of the nursing workforce, "demand" is the number of positions for which employers would hire, both filled and unfilled. "Budgeted demand" is the number of positions for which employers wish to pay; "actual demand" is the number of positions the health-care system needs in order to care for its citizens.

Minimum Data Set
A minimum set of items of information with uniform definitions and categories, concerning a specific aspect or dimension of the health care system, which meets the essential needs of multiple data users.

Nurse Licensure Compact

In 1998 the National Council of State Boards of Nursing (NCSBN) established the Nurse Licensure Compact based on the "mutual recognition model" of nurse licensure, which allows a nurse to have one license (in his or her state of residence) and to practice in other states that are Compact members, subject to each state's practice law and regulation. Under mutual recognition, a nurse may practice across state lines unless otherwise restricted. The 19 states in the Compact provide their licensure data, plus information collected to satisfy a minimum data set, to the NCSBN, which then keeps track of this data.

Some nurses maintain more than one nursing license—and not just in two or three states, but in a half-dozen to a dozen. The compact has cut down on that practice somewhat. However, if a nurse lives on a state line, if a nurse travels for work, or if he or she works in tele-health, then multiple state licenses still will be necessary. This complicates the establishment of systems to count nurses.

For More Information

- www.ncsbn.org/nlc
- (312) 525-3600

As of February 10, 2006, only 33 states were contributing data to the NURSYS database.

NURSYS

- Continually updated by NCSBN

Working through State Nursing Boards to Achieve a Count

NURSYS is a warehouse of state nursing-board licensure data begun by NCSBN in the early 1990s out of concern for determining an unduplicated number of nurses in the United States. It incorporates data from the 19 Compact boards plus data from another dozen or so boards (the number continues to change) that provide their licensure and/or disciplinary data outside the Compact.

NURSYS also enables verification of a nurse's license when he or she applies for licensure in another state. The applicant pays a $30 fee for this service. Participating states provide their licensees' data to NURSYS, and in exchange for NCSBN's administrative work, they forfeit the right to collect these fees. One barrier to getting states to participate in NURSYS is the states' concerns about losing revenue from verification fees.

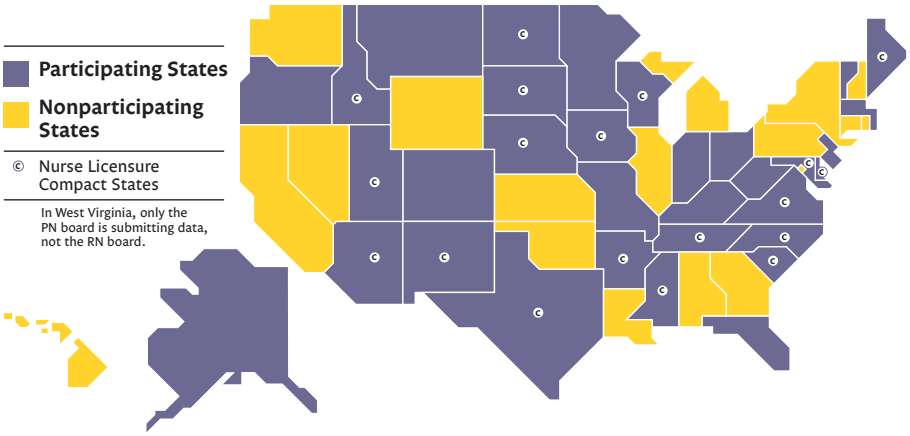
Some professionals working in nurse workforce analysis believe NURSYS presents perhaps the best hope for achieving an unduplicated count, should all non-participating states agree to sign on, which NCSBN believes will eventually occur.

For More Information

- www.nursys.com
- (312) 525-3600

Figure 2

State Participation in the NURSYS Database



Source: Map developed from data maintained by the National Council of State Boards of Nursing.

SAMPLE SURVEY OF REGISTERED NURSES

- Conducted roughly every four years since 1977 by the National Center for Health Workforce Analysis, in HRSA's Bureau of Health Professions (BHPr)

Using a Sample to Quantify a Massive Population

The National Sample Survey of RNs attempts to estimate the number of RNs in the country, their education and specialty areas; employment status, including type of employment setting, position level, and salaries; geographic distribution; and personal characteristics such as gender, race or ethnic background, age, and family status.

The Sample Survey excludes licensed practical nurses and support staff such as certified nurse assistants. Using the Sample Survey's data, BHPr uses highly sophisticated supply and demand models to create workforce forecasts. The process is labor intensive and intricate: the eighth survey was conducted in 2004, and the public-use files have yet to be released, which compromises the state centers' work.

Opinions about efficacy conflict. BHPr calls the Sample Survey the nation's most extensive and comprehensive source of data on currently licensed nurses, whether or not they are working in nursing. But many of those involved in nursing workforce projection have expressed having had difficulties with the Sample Survey:

- its models have been difficult if not impossible to use at the state level;
- its projections have sometimes been inaccurate (for example, in 2000, Vermont was projected to have a nurse *surplus,* and Vermont has thus had to work diligently to counteract the results of this mistaken forecast);
- the survey, by nature of its being a sample, cannot produce an actual head count of nurses.

For More Information

- http://bhpr.hrsa.gov/healthworkforce/reports/rnsurvey *(make sure link is not broken in browser window)*

Five State Nursing Workforce Centers with Progressive Data Initiatives

NORTH CAROLINA CENTER

• Established 1991 by legislative mandate

The North Carolina Center for Nursing (NCCN)

The "grandmother" of all state nursing workforce centers, NCCN was founded about a decade before the others. As a CIC grantee it pioneered data collection on the state's nursing supply and demand.

NCCN broke ground by developing the model of working with its own state board of nursing to collect and analyze supply data, a model that many other centers with data programs have replicated. It also initiated the creation of a workforce center by legislative mandate, a model other states have replicated. It is funded primarily through a state allocation of about $500,000 and private grants.

NCCN's single greatest achievement in policy has been its participation in a policy task force in conjunction with the state Institute of Medicine (IOM) and other state health care groups, says Executive Director Brenda Cleary, PhD, RN, FAAN. The task force's lengthy policy recommendations were released last year.

Supply Model Innovation

NCCN pioneered the two basic data programs in use by most centers today. "Just about every state nursing workforce center has replicated what we've done," Cleary notes.

The first is the supply-side analysis, an ongoing trend analysis of the state's nursing workforce. Regional breakdown is important: "In many ways, nursing workforce issues are local issues," says Cleary. "Nurses are mainly women, and they're not highly mobile. The problem must be solved locally." NCCN gathers its data through a voluntary survey that is attached to the state nursing board's compulsory relicensure application. This connection gives the survey credibility and helps it achieve a 100 percent response rate among nurses. Data gathered include age, level of education, nursing practice specialty, employment location, and ethnicity.

In 2001, NCCN began its own sample survey of new nurses, staff nurses, and veteran nurses to measure job satisfaction and retirement plans: retirement of nurses now in their fifties is a big issue influencing the shortage.

Demand Model Innovation

The center also coordinates a biennial employer survey that is distributed to hospitals, nursing homes, Medicare-licensed home health agencies, and community-based public health and ambulatory care agencies. The survey measures numbers of budgeted positions for RNs, LPNs, and aides; numbers of positions projected over two years; turnover rates; hard-to-fill positions; types of nursing competencies that employers are looking for (such as education); and recruitment and retention rates.

Those working in nursing workforce data collection analysis agree that demand-side analysis is trickier than supply-side because employers don't relish going public with their vacancy rates. "We have good response rates, but they're not as high as we want," Cleary says.

For More Information

- www.nursenc.org
- For the task force report, visit: www.nciom.org/projects/nursingworkforce/nursingreport.html
- (919) 715-3523

Top Reasons to Invest in State Nursing Workforce Centers

A primary function of the state nursing workforce centers is to serve as educational resources for policymakers and other audiences. For example, NCCN, the country's oldest center, has for many years distributed to state legislators a comprehensive report about the state's nursing workforce, based on its data collection and analysis program. Its staff also issues fact sheets when circumstances warrant. Executive Director Brenda Cleary relates one recent instance: when a law providing for third-party reimbursement for advance-practice nurses was due to sunset, she says, "The sunset was easily dismissed after our fact sheet was issued." Another example is the centers' efforts to strengthen community college nursing programs' admissions requirements to reduce high attrition rates.

Other policy achievements include:

- New Jersey's alliance with the state nursing board and the National League for Nursing to assess the capacity of state LPN and RN schools (the nursing board has required all nursing schools to take part in this data project)
- Vermont's Nursing Faculty Loan Repayment law was enacted this year, providing for $10,000 in loan forgiveness for one faculty member in each of the state's five nursing schools.

Using data to inform policy is just one of many functions that comprise the agendas of state nursing workforce centers. Other areas of interest to the centers include:

- Improving nurse retention and nurse education (including reaching out to youth and improving mobility among different degree programs)
- Promoting best practices
- Workforce development
- Conducting research on policy and practice
- Enhancing professional development and leadership training
- Offering scholarships, loans, and grant opportunities
- Securing the centers financially

IOWA CENTER

• Established 2002 by legislative mandate

The Center for Health Workforce Planning

Fueled by the efforts of Senator Tom Harkin and Governor Tom Vilsack, the Center for Health Workforce Planning was created in the Iowa Department of Public Health, Bureau of Health Care Access. The Center tracks all health professions, not just nursing, and receives funding from BHPr.

The Center forecasts health workforce supply and demand; promotes recruitment and retention of clinicians, faculty, and students; and supports strategies to prevent local shortages. Eileen Gloor says nursing has been a priority of the Center since its founding. To that end, the Center supports two data collection programs focused on nursing.

> "HRSA has developed specific and detailed formulae to determine shortages in the fields of primary medical care, dentistry, and mental health. If these criteria were expanded to nursing, it would create new federal funding opportunities to support nurses who care for the underserved."
>
> Eileen Gloor, MSN, RN, Executive Officer, The Center for Health Workforce Planning (Iowa)

Model RN Tracking System

Center funds support a Model RN Tracking System developed by the University of Iowa, Carver College of Medicine's Office of Statewide Clinical Education Programs. Nursing employers in every setting are contacted to assess the RN workforce and gauge employer demand. Individual RNs are contacted by phone "to fill in the gaps," says Gloor. Licensed RNs are tracked by full-time or part-time status, type of setting in which they work, and primary specialty area. Professionally inactive RNs are also included, allowing the state to learn why they left the profession and what would motivate them to return.

Iowa started the system as a pilot project in 2003 in 13 of the state's 99 counties. By 2006, 47 counties will be included, and by 2008 the system hopes to cover the entire state, Gloor says. "Some nurses leave Iowa for other states where wages and reimbursement rates are higher," she notes. "We need to learn more about our nursing workforce to assure that Iowa is a state where nurses choose to live and work."

Partnership with Economists

The Center has funded research by labor market economists at Iowa State University. This partnership is producing data about nursing demand and identifying factors that impact nurses' choices to practice in Iowa.

The data produced by this partnership and others helped to justify an Iowa Student Loan Nursing Education Loan Forgiveness announced by Governor Vilsack in 2004. Iowa nursing graduates who remain to teach and practice in the state may apply for up to $20,000 in loan forgiveness. Two years old, the program has had twice the number of applicants it expected.

For More Information

- www.idph.state.ia.us/hpcdp/workforce-planning.asp *(make sure link is not broken in browser window)*
- For information on BHPr's shortage criteria: http://bhpr.hrsa.gov/shortage/index.htm
- (515) 281-8309

OREGON CENTER

• Established 2001 by legislative mandate

Oregon Center for Nursing

The Oregon Center for Nursing (OCN) was established as one of a number of strategies to counter the state's severe nursing shortage. Housed at the University of Portland, OCN has been funded primarily by the Northwest Health Foundation.

> "Just preparing more nurses isn't going to solve the problem. *How* we prepare them to practice in an environment of chronic shortage has a huge influence on whether we retain them."
>
> Kristine Campbell, Executive Director, Oregon Center for Nursing

Comprehensive Study of Supply, Demand, and Academic Capacity

OCN has combined thorough workforce supply and demand surveys with an in-depth study of nursing schools' current and future capacity.

Findings were published in August 2005 and are available on the center's Web site. These findings will be analyzed and recommendations developed, focusing on ways to improve the practice environment to retain nurses (especially to educate new nurses to practice within the real limitations of chronic shortage conditions) and to facilitate older nurses' ability to practice in an increasingly strenuous environment.

The Value of Nursing

This poster is an example of the other functions state nursing workforce centers serve, not only to nurses but also to the health care system and to the public. OCN developed this poster to help prospective nurses challenge widespread gender assumptions about nursing. OCN fields requests for this poster each week from hospitals, schools, individuals, and health care systems intent on helping their nurses feel more comfortable in their workplaces.

Oregon Center for Nursing

The Value of Nursing

Nurses such as this one must use extreme caution when handling contaminated items. On-the-job stress is increasing for nurses: recent studies have identified difficulties that lead nurses to consider quitting, including mental and emotional stress, health-care's shift in focus from patients to profits, burdensome workloads, and lack of organizational resources and supervisory support. Some state nursing workforce centers have surveyed inactive nurses to find out why they left the field and what it would take to bring them back. The centers' data is used to influence policy to increase the number of active nurses.

Photo: Evelyn Pierce

"We are very comprehensive in our approach," says Campbell. "We've talked to nurse employers from every kind of system—big hospitals and little hospitals, hospice, community health, public health, even school nurses. By giving policymakers a clear picture of where Oregon stands, it helps inform policy about what needs to be done."

Academic Technology Needs Assessment

OCN conducted a comprehensive assessment of technology resources and needs in all of Oregon and southwest Washington's nursing schools. Through site visits, face-to-face interviews, phone interviews, and reverification of data, the Center documented that nursing education programs throughout Oregon and southwest Washington were using various technology media to provide both theory and clinical education components. The Center assessed all 23 education programs in Oregon and southwest Washington to identify gaps and needs in technology. The Center then recommended the use of technology in nursing education as a way to expand capacity.

For More Information

- www.oregoncenterfornursing.org
- (503) 943-7150

MISSISSIPPI CENTER

- Established 2001 by legislative mandate

Mississippi Office of Nursing Workforce (MONW)

Like NCCN, MONW acquires its supply-side data from its state board of nursing. However, it also conducts original data collection and uses the data to foster the support of its legislature for nursing education. "We don't have the faculty to increase capacity," says Wanda Jones. "Nursing is pretty labor-intensive—most states require one nurse to 10 patients in the clinical setting, and we have a 15 to 20 percent vacancy rate in faculty positions."

> "Most forecasts look only at RNs, but we ask health care institutions to project their needs not only for RNs, but also for other kinds of nurses and their support staff. We're concerned about having enough RNs, but we also must have the professionals to support them."
>
> Wanda Jones, RN, MS, Executive Director, Mississippi Office of Nursing Workforce

MONW has the support of the governor, who in 2004 provided a grant to MONW in federal Workforce Investment Act funds, for data collection, analysis and dissemination.

MONW partners with the state Department of Health (MSDH). Coordinated with the MSDH's compulsory licensure renewal process, MONW conducts a voluntary employer survey measuring recruitment difficulties and vacancy rates not only for RNs but also for other kinds of nurses as well as nurse support workers. "The survey is voluntary, but because it is distributed with the licensure renewal, it has that extra credibility," Jones notes. In a way similar to NCCN's supply-side analysis model, MONW's employer survey has garnered high response rates: in 2003, 96 percent of hospitals and 85 percent of nursing homes responded.

Accuracy has been proven by checking projections against actual data. "There was no significant difference between projections two years ago and the need today," Jones says. Hospitals also use the data to benchmark against regional and statewide data, then work with their CEOs to boost recruitment resources.

Providing Regional Data Analysis

Following up on the idea that nursing markets are essentially regional, part of MONW's analysis process is not only to trend the data over time, but also to break data down by region—in this case, according to public health district. Regional analysis renders data more pertinent to legislators, who are concerned above all with their constituents' issues. MONW can report data according to its four congressional districts, but Jones says this may dilute impact: "The data may not reflect significant areas of vacancy in a larger area as when you hone in on a small area." MONW is able to provide legislators with both breakdowns—by congressional district as well as public health district.

For More Information

- www.monw.org
- 601-368-3321

NEW JERSEY CENTER

• Established 2002 by legislative mandate

New Jersey Collaborating Center for Nursing (NJCCN)

NJCCN is called a "collaborating center" because of its history as a CIC grantee from 1996 to 2002 and because the Center was established with joint funding from The Robert Wood Johnson Foundation and the state.

Custom Demand Model

New Jersey's is the only state nursing workforce center that has developed its own sophisticated demand forecasting model, on which Dickson has collaborated with two Rutgers University economists (NJCCN's home at the Rutgers University College of Nursing helps to attract high-level research talent when needed). Dickson calls the model "econometric": it relies on principles of supply and demand and uses statistical analysis to measure both. NJCCN's staff had tried to utilize HRSA's Sample Survey demand forecasting model (see p. 3) but found it was too difficult to use on the state level—so in 2000 they developed their own.

> "Forecasting represents one model of predicting the future. The business guru Peter Drucker suggests another: 'The best way to predict the future is to create it.' We're doing both: predicting and creating."
> Geri Dickson, Executive Director, NJCCN

NJCCN forecasted for both RNs and LPNs through 2006, sampling data from 21 counties and examining five independent variables that affect the number of RN and LPN positions available. To make the sample large enough, Dickson said, they used four years of data. "That's large enough to increase the reliability of the forecasts," she said. Historical data were drawn from the state department of labor, the American Hospital Association, and other agencies.

"To test the model," she added, "we looked at the actual 1998 and 2000 data and ran the model to see how close we were. We found we had underestimated by 3 to 5 percent: with regard to hospitals, we were 3 percent low; with regard to all facilities, we were 5 percent low. This was good because our numbers were close to what actually happened. Also, it's better to underestimate than overestimate." NJCCN plans to develop a new forecast to 2010.

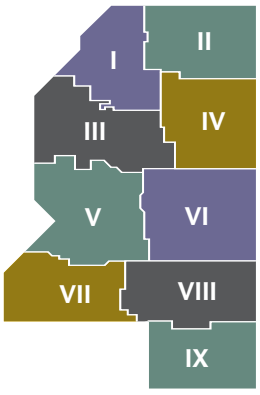
NJCCN's workforce data were key to obtaining state support in the form of its 2002 legislative mandate, as well as significant state financial support: $100,000 per year in 2003 and 2004 and $345,000 in 2005.

If other states were to replicate NJCCN's demand model, Dickson advises hiring an experienced statistician able to carry out the sophisticated analysis involved.

For More Information

• www.njccn.org
• (973) 353-1307

Figure 3
Mississippi Hospital RN, LPN, and Ancillary Vacancy Rates by Public Health District, 2004



District	Vacancy Rates RN	LPN	Ancillary
I	19.4%	25.5%	11.1%
II	5.4%	4.0%	4.4%
III	17.1%	7.9%	1.4%
IV	6.2%	7.5%	3.0%
V	9.6%	15.5%	10.5%
VI	10.4%	21.9%	5.8%
VII	4.9%	6.6%	11.7%
VIII	5.0%	3.0%	2.2%
IX	3.2%	8.9%	4.2%
Statewide	**7.7%**	**11.6%**	**8.8%**

Source: Mississippi Office of Nursing Workforce (ONW)

"NJCCN has been instrumental in providing data regarding New Jersey's nursing shortage. This research gives me and the other legislators a foundation on which to make the case for improving nurse-to-patient ratios and bringing more nurses into our state's hospitals. The Center will play an integral role as we move ahead to resolve the issue of the nursing shortage in New Jersey."

New Jersey Senator Joseph F. Vitale (D-Middlesex)

A Federal Role in Establishing Data Infrastructure

The federal government serves as a source of data, models, and trends for nursing workforce analysis. These components provide valuable data on the national level, as well as opportunities for comparison at the state and regional levels. Experts in nursing workforce planning say some of the instruments and regional centers provided by the federal government must focus more on nursing and better meet the states' needs. Experts suggest the federal government could:

- Enhance communication and collaboration between the HRSA regional health workforce analysis centers and the state nursing workforce centers. (Some of this is already happening: for example, HRSA's Chicago center is currently importing data from the Illinois and Iowa centers into the new federal supply and demand models.) "Nurses should have more participation in creating the agenda for the HRSA workforce centers," says Rebecca Bowers-Lanier, the former CIC deputy director. "[HRSA's regional centers] are not designed specifically to improve the nursing workforce—to make sure that there are enough nurses out there to meet the needs of the public. They're for all health care workforces."
- Increase the frequency of its survey, and release the data in a more timely way, so states can enhance their relationships with policymakers. Currently the sample survey is conducted only every four years. "The availability of real-time data would assist us in providing current information to our legislators and policymakers," says Iowa's Gloor.
- Complete development of nursing shortage criteria and methodologies to designate nursing shortage areas—in both professional and geographic terms. The centers and other stakeholders could use these to determine eligibility for scholarship, loan repayment to nurses and nursing faculty, and other forms of federal financial assistance.
- Sponsor a study of the nursing educational sector to determine for sure why nursing schools are turning away thousands of applicants. Experts agree that the workforce needs those nurses in production.
- Guarantee the centers a funding base, perhaps through the U.S. Department of Labor. State labor departments usually do not have the resources to implement the in-depth data work that the state nursing workforce centers carry out.

"The federal government ought to fund a study of the nursing educational sector. We need to understand the reality of capacity constraints: Is it a shortage of faculty? Is it a space problem? Is it a lack of clinical placement sites?"

Peter I. Buerhaus, PhD, RN, FAAN, Valere Potter Professor of Nursing and Senior Associate Dean for Research, Vanderbilt University School of Nursing

State Nursing Workforce Center Contact Information

Thirty states have nursing workforce centers, and 25 of those have data programs. Those 25 are listed here, along with available contact information. (Source: North Carolina Center for Nursing)

Alaska Nursing Workforce Initiative
www.dced.state.ak.us/occ/pnur.htm

California Institute for Nursing and Health Care
www.cinhc.org

Colorado Center for Nursing Excellence
www.coloradonursingcenter.org

Florida Center for Nursing
www.flcenterfornursing.org

Hawaii State Center for Nursing
www.nursing.hawaii.edu/nursing_shortage.html

Illinois Coalition for Nursing Resources/Center for Nursing Information
www.ic4nr.org

Indiana Nursing Workforce Development
www.indiananursingworkforce.org

Iowa: The Center for Health Workforce Planning
http://www.idph.state.ia.us/hpcdp/workforce_planning.asp

Maryland: Statewide Commission on the Nursing Shortage
(410) 944-5800

Massachusetts Center for Nursing
www.nursema.org

Michigan Center for Nursing
www.michigancenterfornursing.org

Mississippi Office of Nursing Workforce
www.monw.org

Nebraska Center for Nursing
www.center4nursing.org

New Jersey Collaborating Center for Nursing
www.njccn.org

New Mexico Center for Nursing Excellence
www.nmnursingexcellence.com

North Carolina Center for Nursing
www.nurseNC.org

North Dakota Nursing Needs Study
www.med.und.nodak.edu/depts.rural

Oregon Center for Nursing
www.oregoncenterfornursing.org

Pennsylvania Center for Health Careers
www.hcwp.org

South Dakota Center for Nursing
www.sdcenterfornursing.org

Tennessee Center for Nursing
www.centerfornursing.org

Center for Health Statistics: Texas Nursing Workforce Data Section
www.tdh.state.tx.us/chs/nwds/Ncoverpg.htm

Vermont: Office of Nursing Workforce Research Planning and Development
www.choosenursingvermont.org

Washington Center for Nursing
www.WACenterforNursing.org

Wisconsin Nursing Redesign Consortium
www.marquette.edu/nursing/wnrc

Five states have data programs but no state nursing workforce center. Those states are listed here, along with the agency supporting a data program and available contact information.

Arizona (Arizona Hospital & Healthcare Association)
www.azhha.org

Louisiana (Board of Nursing)
www.lsbn.state.la.us

Maine (Board of Nursing)
www.maine.gov/boardofnursing

Minnesota (Office of Rural Health & Primary Care)
www.health.state.mn.us/divs/chs/orh_home.htm

New York (Center for Health Workforce Studies, SUNY Albany)
http://chws.albany.edu

THE ROBERT WOOD JOHNSON FOUNDATION

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